

**UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL LEARNING CONTRACT
REQUEST FOR *FORBEARANCE* OF REPAYMENT DURING ADVANCED
PROFESSIONAL TRAINING**

PART 1 - GENERAL INFORMATION (to be completed by borrower - please print or type)

NAME OF BORROWER _____ NAME USED AT UMMS _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ GRAD DATE FROM UMMS _____	LRN04A _____ - _____ - _____ (SOCIAL SECURITY NUMBER) EMPL ID _____ (_____) _____ HOME TELEPHONE NUMBER (_____) _____ WORK TELEPHONE NUMBER EMAIL ADDRESS _____
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I certify that I am/was pursuing **ACGME** or **AOA** accredited graduate medical education. Check type of forbearance requested;

INTERNSHIP/ RESIDENCY _____	from: _____ / _____ / _____ month / day / year	to: _____ / _____ / _____ month / day / year (not more than 1 year at a time)
FELLOWSHIP _____	from: _____ / _____ / _____ month / day / year	to: _____ / _____ / _____ month / day / year (not more than 1 year at a time)

I agree to notify the University of Massachusetts Medical School Financial Aid Office within 30 days if this status changes.

SIGNATURE OF BORROWER

DATE



PART 2 - CERTIFICATION (to be completed by the Program Director or equivalent at your institution - please type or print)

I certify that the information stated in Part 1 above is true and correct and that the person named above is/was, for the dates indicated in Part 1, pursuing **ACGME** or **AOA** accredited graduate medical education. **CIRCLE ONE: RESIDENCY - or - FELLOWSHIP**

INSTITUTION _____ ADDRESS _____ DEPARTMENT /PROGRAM _____	TELEPHONE _____ CITY _____ STATE _____ ZIP CODE _____
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SIGNATURE and TITLE (PROGRAM DIRECTOR or EQUIVALENT)

PRINTED NAME

DATE



DO NOT CERTIFY BEFORE START DATE

PART 3 – ADDITIONAL ECSI ACCOUNTS

In addition to my Learning Contract account, I am requesting postponement of payment on the following loans:

DEFERMENT	ACCOUNT NUMBER	FROM	TO
Primary Care Loan (PCL)	P100 xxx-xx-_____	_____ / _____	_____ / _____
Loans for Disadvantaged Students (LDS)	D100 xxx-xx-_____	_____ / _____	_____ / _____
Other _____	_____ xxx-xx-_____	_____ / _____	_____ / _____

You cannot request a Perkins Loan deferment with this form. Please either contact the Student Loan Manager at UMMS or contact ECSI for further instruction.

FORBEARANCE	ACCOUNT NUMBER	FROM	TO
Other _____	_____ xxx-xx-_____	_____ / _____	_____ / _____
Perkins Loan (36 month maximum)	PER24 xxx-xx-_____	_____ / _____	_____ / _____

I understand that my Perkin loan will accrue interest during the period of time I am in forbearance. I further understand that I will **not** be able to capitalize the interest that has accrued when my forbearance expires. While in forbearance, I choose to:

_____ Make monthly interest payments

_____ Forbear all payment until the end of my forbearance period

PART 4- UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USE ONLY

APPROVED FROM: _____ / _____ TO: _____ / _____ BY: _____ DATE: _____ / _____ / _____

RETURN COMPLETED FORM TO: University of Massachusetts Medical School
Office of Financial Aid-S1-844
Student Loan Manager
55 Lake Ave North
Worcester, MA 01655